Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Canadian Institutes of Health Research

2015–16

Departmental Performance Report

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

Canada

Canadian Institutes of Health Research (CIHR)

At the Canadian Institutes of Health Research (CIHR), we know that research has the power to change lives. As Canada's health research investment agency, we collaborate with partners and researchers to support the discoveries and innovations that improve our health and strengthen our health care system.

Canadian Institutes of Health Research
160 Elgin Street, 9th Floor
Address Locator 4809A
Ottawa, Ontario K1A 0W9
www.cihr-irsc.gc.ca

Also available on the Web in PDF and HTML formats
© Her Majesty the Queen in Right of Canada (2016)

Cat. No. *MR1-27E-PDF*
ISSN *2368-0601*

Table of Contents

Minister's Message 1

Results Highlights 3

Section I: Organizational Overview 5

- Organizational Profile 5
- Organizational Context 7
- Organizational Priorities 12

Section II: Expenditure Overview 17

- Actual Expenditures 17
- Budgetary Performance Summary 17
- Departmental Spending Trend 19
- Expenditures by Vote 19
- Alignment of Spending With the Whole-of-Government Framework 20
- Financial Statements and Financial Statements Highlights 21

Section III: Analysis of Programs and Internal Services 23

- Programs 24
  - Program 1.1: Investigator-Initiated Health Research 24
  - Program 1.2: Priority-Driven Health Research 28
- Internal Services 32

Section IV: Supplementary Information 35

- Supporting Information on Lower-Level Programs 35
- Supplementary Information Tables 35
- Federal Tax Expenditures 36
- Organizational Contact Information 36

Appendix: Definitions 37

Endnotes 41

Minister's Message

I am pleased to present the 2015–16 Departmental Performance Report of the Canadian Institutes of Health Research (CIHR).

The 2015–16 fiscal year was one of significant change for CIHR, as the organization took major steps toward implementing the reforms of its open programs and peer review process. The health research landscape is ever-evolving and, by working closely with the research community, we are confident that CIHR can continue to support excellence in all facets of health research.

CIHR also made significant investments in research to help people living with chronic diseases. These illnesses, which include cancer and heart disease, not only decrease quality of life for individuals and families, but also place enormous pressure on our health care system.

This is why I was pleased to announce the creation of five new Strategy for Patient-Oriented Research (SPOR) Networks in Chronic Diseases, as well as the Environments, Genes, and Chronic Disease grants, and the chronic lung disease initiative launched by the Global Alliance for Chronic Diseases. CIHR has also formed pan-Canadian and international collaborations that will make a real difference in the lives of Canadians and people around the world.

Improving global health has been one of CIHR's greatest achievements over the past year. CIHR played a lead role in international efforts to develop a vaccine for Ebola, and the lessons learned from that experience allowed CIHR and its Health Portfolio partners to rapidly respond to the outbreak of the Zika virus. Research teams have now been mobilized in Canada, Latin America, and the Caribbean to increase our understanding of the virus and to improve diagnostic tests.

CIHR continues to play a vital role in ensuring that Canada's research investments produce the greatest possible impacts. I invite you to read this report to learn more about how CIHR is harnessing the power of research innovation to improve our health and wellbeing.

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

Results Highlights

2015–16 Results Highlights	2015–16 Actual FTEs	2015–16 Actual spending* (dollars)
Operating Support Through the Operating Support Sub-program, CIHR funded a total of 3,658 new and ongoing grants in areas identified by health researchers for a total investment of $519.6M in 2015–16. This fiscal year, CIHR's investment in new grants is higher than in 2014–15 by $16.9M, reaffirming CIHR's commitment to promote Canadian health research excellence and to engage with Canada's health research community.	193	542,670,101
Training and Career Support CIHR is committed to supporting and mentoring highly skilled researchers at all career stages. In 2015–16, through the Training and Career Support Sub-program, CIHR awarded 2,402 new and ongoing training and salary awards for a total investment of $160.8M. This investment will ensure the Canadian health research enterprise has the capacity to respond to new or existing health challenges in Canada and internationally.	15	162,741,944
Institute-Driven Initiatives CIHR through its Institute-Driven Initiatives provides targeted grants and awards funding to mobilize researchers, health practitioners, patients and health system decision makers to work together to address directed priority health challenges in an ethical manner. In 2015–16, CIHR invested $200.9M through 1,843 grants and awards, of which 1,045 are new. This fiscal year, the total investment in this sub-program is higher than the 2014–15 investment of $193.9M. This is due to additional funding received through the 2015 Budget for the Strategy for Patient-Oriented Research, antimicrobial resistance and the Canadian Consortium on Neurodegeneration in Aging.	101	214,591,290
Horizontal Health Research Initiatives CIHR, through the Horizontal Health Research Initiatives sub-program, provides targeted funding for the advancement and application of health research knowledge to address, in an ethical manner, priority health challenges identified by CIHR in collaboration with other federal departments or agencies, other national governments, non-governmental organizations, or private sector organizations. In 2015–16, CIHR invested $91.5M through 292 new and ongoing grants and awards, of which 121 are new. This investment is higher than the $75.0M funding in 2014–15, due to additional funding received through the 2015 Budget for the Canada First Research Excellence Fund (CFREF).	12	93,891,226

* Includes grants and awards as well as operating expenditures.

Section I: Organizational Overview

Organizational Profile

Appropriate Minister: The Honourable Jane Philpott, P.C., M.P.

Institutional Head: Dr. Alain Beaudet, President

Ministerial Portfolio: Health

Enabling Instrument(s): *Canadian Institutes of Health Research Act* (S.C. 2000, c. 6)[1]

Year of Incorporation / Commencement: 2000

Organizational Context

Raison d'être and Responsibilities

The Canadian Institutes of Health Research (CIHR)[2] is the Government of Canada's health research funding agency. The Minister of Health is responsible for this organization. It was created in June 2000 by the *Canadian Institutes of Health Research Act* (Bill C-13) with a mandate "to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system."

CIHR was designed to respond to evolving needs for health research and seeks to transform health research in Canada in an ethically sound manner by:

- Funding both investigator-initiated research, and research on targeted priority areas;
- Building research capacity in under-developed areas and training the next generation of health researchers; and
- Focusing on knowledge translation that facilitates the application of the results of research and their transformation into new policies, practices, procedures, products and services.

CIHR integrates research through a unique interdisciplinary structure made up of 13 "virtual" institutes.[3] These institutes are not "bricks and mortar" buildings but communities of experts in specific areas. Collectively, the institutes support a broad spectrum of research: biomedical; clinical; health systems and services; and the social, cultural and environmental factors that affect the health of populations. Institutes form national research networks linking researchers, funders and knowledge users across Canada to work on priority areas.

CIHR Institutes

Scientific Directors*

Aboriginal Peoples' Health
Dr. Malcolm King

Aging
Dr. Yves Joanette

Cancer Research
Dr. Stephen Robbins

Circulatory and Respiratory Health
Dr. Brian Rowe

Gender and Health
Dr. Cara Tannenbaum

Genetics
Dr. Paul Lasko

Health Services and Policy Research
Dr. Robyn Tamblyn

Human Development, Child and Youth Health
Dr. Shoo K. Lee

Infection and Immunity
Dr. Marc Ouellette

Musculoskeletal Health and Arthritis
Dr. Hani El-Gabalawy

Neurosciences, Mental Health and Addiction
Dr. Anthony Phillips

Nutrition, Metabolism and Diabetes
Dr. Philip M. Sherman

Population and Public Health
Dr. Nancy Edwards

*http://www.cihr-irsc.gc.ca/e/2890.html

As Canada's health research funding agency, CIHR makes an essential contribution to the Minister of Health's overall responsibilities by funding the research and knowledge translation

needed to inform the evolution of Canadian health policy and regulation, and by taking an advisory role on research and innovation issues. This is achieved through an extensive and growing set of linkages with Health Canada and the Public Health Agency of Canada, providing decision makers with access to high-quality and timely health research outcomes/results.

CIHR also works closely with the Natural Sciences and Engineering Research Council (NSERC)[4] and the Social Sciences and Humanities Research Council (SSHRC),[5] the two granting councils of the Innovation, Science and Economic Development portfolio, to share information and coordinate efforts, harmonize practices, avoid duplication and foster multidisciplinary research. The three organizations (referred to as "Tri-Agency") provide a channel for the implementation of common policies, practices and approaches, whenever possible.

CIHR's Governing Council (GC)[6] sets the strategic direction of the Agency and is responsible for evaluating its performance. Leadership on research, knowledge translation and funding for research is provided by the Science Council (SC),[7] while leadership on corporate policy and management is provided by the Executive Management Committee (EMC).[8]

Strategic Outcome and Program Alignment Architecture

CIHR's Program Alignment Architecture (PAA) took effect April 1, 2014 and is reflected in this Departmental Performance Report. The performance information presented in Section II is organized according to this PAA structure as shown below:

1. **Strategic Outcome:** Canada is a world leader in the creation, dissemination and application of health research knowledge

    1.1 **Program:** Investigator-Initiated Health Research
        1.1.1 **Sub-Program:** Operating Support
        1.1.2 **Sub-Program:** Training and Career Support

    1.2 **Program:** Priority-Driven Health Research
        1.2.1 **Sub-Program:** Institute-Driven Initiatives
        1.2.2 **Sub-Program:** Horizontal Health Research Initiatives

Internal Services

It should be noted that during the 2015–16 fiscal year, CIHR received new funding for the Canada First Research Excellence Fund (CFREF) through Budget 2015. As part of the approval of this funding, the CFREF was allocated its own sub-program box under Priority-Driven Health Research rather than being included in the Horizontal Health Research Initiatives sub-program. CFREF has now been realigned and any information on this program can be found under the Horizontal Health Research Initiatives sub-program.

Operating Environment and Risk Analysis

After the October 2015 election, the Canadian government mandated the Minister of Health and the Minister of Science to strengthen support for fundamental and discovery-based research.

Over the past couple of years, CIHR has been adapting to meet new and increasingly complex environments and challenges within the health research landscape. In 2015–16, CIHR focused on implementing its new five-year strategic plan,[9] the *Health Research Roadmap II: Capturing Innovation to Produce Better Health and Health Care* (*Roadmap II*). *Roadmap II* established three strategic directions that guide CIHR's efforts and investments in advancing knowledge and capturing innovation for better health and health care. To that end, CIHR continues to work closely with the research community to improve the design and implementation of the new Open Suite of Programs and Peer Review processes.

CIHR's Transition Plan addressed the implementation of the reforms and key elements of the funding programs for external clients and stakeholders such as piloting new programs, monitoring of the design, phasing-in the new programs and gradually phasing-out the existing Open programs.[10] CIHR is also finalizing a new Partner and Stakeholder Engagement Strategy to enhance stakeholder and partner engagement from academic institutions, industry, government and not-for-profit organizations, in an effort to increase research collaboration and investment in Canada and abroad.

CIHR operates in a dynamic environment and faces many challenges and opportunities as it delivers its mandate and contributes to the achievement of the Government of Canada's priorities and commitments regarding innovation. The cornerstone of CIHR's Integrated Risk Management is the Corporate Risk Profile (CRP). The CRP is aligned with the Report on Plans and Priorities and is updated twice a year. This provides a proactive response to manage and monitor risks to ensure CIHR is able to operationalize processes, achieve outcomes and deliver on its mandate in a timely, open and transparent manner.

In 2015–16, CIHR identified eight risks, of which three are considered high risk and require mitigation and monitoring to ensure the associated response strategies reduce the risk's impact. The three high risks are outlined in the tables below along with the associated Risk Response Strategy, which can also be found in CIHR's 2015–16 Corporate Risk Profile.

Key Risks

Risk 1 – External Stakeholder Relationship Management	Risk Response Strategy	Link to Program Alignment Architecture
CIHR is currently enhancing its ability to partner and collaborate, given that CIHR's current approach is ad hoc, and there is a risk that strategic opportunities to engage stakeholders and increase the funding envelope for health research may be missed.	External Stakeholder Relationship Management was identified in both the 2015–16 Report on Plans and Priorities (RPP) and the 2015–16 Corporate Risk Profile (CRP). CIHR responded to this risk by: • Developing an inclusive Partner and Stakeholder Engagement Strategy with the implementation and associated work scheduled to continue into the 2016–17 fiscal year. Additionally, the following mitigation strategies, which were not included in the 2015–16 RPP, were also completed: • Prioritizing the work and supporting the implementation of specific stakeholder engagement approaches aimed at targeted audiences. • Developing a Partnership Risk-Based Analysis Approach for all partnerships which will be implemented in 2016–17. This risk will continue to be monitored in 2016–17.	• 1.1 – Investigator-Initiated Health Research; • 1.2 – Priority-Driven Health Research; and • Internal Services

Risk 2 – Change Management	Risk Response Strategy	Link to Program Alignment Architecture
Given recent multiple changes occurring simultaneously at CIHR, there is a risk that desired outcomes will be misunderstood by CIHR's workforce, thus leading to disengagement and limiting the ability to enact the desired transformations.	Change Management was identified in both the 2015–16 RPP and the 2015–16 CRP. CIHR responded to this risk by: • Developing an integrated Change Management Plan addressing all transformations. Additionally, the following mitigation strategies, which were not included in the 2015–16 RPP, were also completed: • CIHR continued to enhance and adapt its existing integrated Change Management Plan for its major open reforms transformation. Specifically, CIHR used this plan to address	• 1.1 – Investigator-Initiated Health Research; • 1.2 – Priority-Driven Health Research; and • Internal Services

	the additional transformations, to enhance the Agency's ability to promote open, transparent and consistent communications. • A cross-functional team was created to ensure the implementation of the final organization structure by March 31, 2016. This team developed and implemented regular reporting on the progress of the restructuring, which was completed on February 16, 2016. This risk has been mitigated and will no longer be monitored as part of the CRP.	

Risk 3 – Priority Setting and Alignment of Resources	Risk Response Strategy	Link to Program Alignment Architecture
Given the current availability of uncommitted resources – both Grants and Awards and operational funding – there is a risk that CIHR's ability to remain responsive and adaptable within a rapidly changing health research environment will be limited. As a result, CIHR would have reduced operational capacity to effectively invest in new high-impact priority health research.	Priority Setting and Alignment of Resources was identified in both the 2015–16 RPP and the 2015–16 CRP. CIHR responded to this risk by: • *Roadmap II* provides a framework for operational and strategic planning, priority setting and decision making. Additionally, a financial framework was developed and implemented to accompany *Roadmap II*. This framework ensures that the implementation of CIHR's planning and priority setting exercise is comprehensive and enhances transparency, sustainability and flexibility. Additionally, the following mitigation strategies, which were not included in the 2015–16 RPP, were also implemented: • A three-year operational planning exercise which aligns both the financial and human resources to CIHR's Strategic and Corporate Priorities and Corporate Risk Profile. • The decision-making process to allocate funding to initiatives was revised. This risk will continue to be monitored in 2016–17.	• 1.1 – Investigator-Initiated Health Research; • 1.2 – Priority-Driven Health Research; and • Internal Services

Organizational Priorities

In 2014–15, CIHR's Governing Council approved CIHR's third strategic plan, *Health Research Roadmap II: Capturing Innovation to Produce Better Health and Health Care* (*Roadmap II*). *Roadmap II* was the product of widespread consultations with members of the health research community, and embraces new ways of working with partners and stakeholders through a dynamic framework for research investment. *Roadmap II* is intended to provide a stronger sense of coherence and direction for Canada's investments in health research. It seeks to provide researchers with the freedom and autonomy to pursue new ideas; to mobilize research communities to focus on health priorities that are relevant to Canadians; and to maximize the value and impact of its investments. Due to the timing of the publication, the organizational priorities below do not reflect *Roadmap II* but rather the PAA. CIHR's *Roadmap II* priorities are reflected in the 2016–17 Report on Plans and Priorities.

Priority #1: Investigator-Initiated Health Research

Description

Investigator-initiated health research plays an important role in feeding the innovation pipeline with the very best ideas, from discovery to application. CIHR is committed to breaking down barriers and creating an environment that will enable the pursuit of innovative ideas and approaches in all areas of health research and knowledge translation, and that will provide opportunities to train the next generation of researchers and professionals. In a world where the next health crises are not yet known, it is critical to support a broad, non-targeted base of excellent researchers so that Canada is ready and able to respond to future challenges and priorities.

Priority Type[1]

Ongoing

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to the Organization's Program(s)
• Invest in investigator-initiated research to increase the capacity of Canada's research community to advance health	April 2014	March 2018	On track	1.1 Investigator-Initiated Health Research

1. Type is defined as follows: previously committed to—committed to in the first or second fiscal year prior to the subject year of the report; ongoing—committed to at least three fiscal years prior to the subject year of the report; and new—newly committed to in the reporting year of the Report on Plans and Priorities or the Departmental Performance Report.

and scientific knowledge and apply that knowledge to benefit health care and the health system. • Prioritize investments in the enhanced support and mentorship of highly skilled researchers at all career stages who will be able to respond to new or existing health challenges in Canada and abroad. • Through the reforms of Open Programs and peer review, contribute to a sustainable Canadian health research enterprise by supporting world-class researchers in the conduct of research and its translation across the full spectrum of health, and ensure the reliability, consistency, fairness and efficiency of the competition and peer review processes.				

Progress Toward the Priority

- In 2015–16, as part of the implementation of the reforms of the Open Suite of Programs, CIHR finalized the integration of its legacy open programs, including the last Open Operating Grants Program (OOGP), into CIHR's new Foundation and Project Grants competitions. These changes will ensure CIHR continues to support world-class health researchers and trainees, and their pursuit of innovative ideas and approaches in all areas of health research and knowledge translation.
- As part of the new Open Suite of Programs, CIHR held its first competition of Foundation Grants which funded 150 new grants, 15% of which were allocated to new/early career investigators. The Foundation Grant competition is designed to contribute to a sustainable foundation of new, mid-career, and established health research leaders, by providing long-term support for the pursuit of innovative, high-impact research programs. CIHR also launched the second Foundation Grant competition in 2015–16.
- The other key element of the new Open Suite of Programs is the Project Grant competition[11] which is designed to capture ideas with the greatest potential to advance health-related knowledge, health research, health care, health systems, and/or health outcomes. The first Project Grant "Live Pilot" was launched in March 2015.
- To contribute to a sustainable Canadian health research enterprise by supporting world-class researchers in the conduct of research and its translation across the full spectrum of health, CIHR invested $680.5M in grants and awards in 2015–16, $162.4M of which were new grant investments through the Investigator-Initiated Research Program.
- In 2015–16, CIHR continued to develop the College of Reviewers, a national resource that will support peer review excellence in all areas of health research and knowledge translation, through the establishment of a College of Reviewers Branch within CIHR, the development of a three-year operational plan, the refinement of peer review recruitment selection criteria, the appointment of College Chairs (senior leadership positions) and the initiation of the College's review quality assurance framework.

Priority #2: Priority-Driven Health Research

Description

CIHR has a responsibility to actively build, shape and mobilize Canada's research capacity to address critical health issues and capture emerging scientific opportunities. A targeted approach complements investigator-initiated research by ensuring a portion of CIHR's investments are deliberately directed towards current or emerging health and health system research priorities. Achieving transformation and impact will also depend on CIHR's ability to maximize on networks as well as tap into the expertise of new health and non-health sector partners who share a common health-oriented goal and embrace the data revolution.

Priority Type

Ongoing

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to the Organization's Program(s)
• Generate discoveries that promote the rapid and efficient translation of research evidence into effective and affordable health care through the continued development and implementation of Signature Initiatives and other major initiatives. • Position Canada's post-secondary institutions to compete with the best in the world for talent, creating long-term economic advantages for Canada. • Implement new structures and processes designed to improve the effectiveness of partner engagement and increase the impact of research funding, as part of a renewed approach to building partnerships.	April 2014	March 2018	On track	1.2 Priority-Driven Health Research

Progress Toward the Priority
• In 2015–16, CIHR invested in health research through Signature Initiatives and other major initiatives to address complex problems that require multidisciplinary approaches and active participation of partners. Details on Signature and major initiatives such as the Healthy and Productive Work,[12] Global Health Initiatives[13] and Indigenous Mentorship Network Program can be found in Section III of this document.[14]

- CIHR's core investment of $42.6M in 2015–16 in Canada's Strategy for Patient-Oriented Research (SPOR)[15] was matched by partner investments of approximately $45.0M. Partners include provincial and territorial governments, provincial health research funding organizations, industry, universities, hospitals, health charities and private foundations.
- In 2015–16, CIHR invested $16.2M in the first Canada First Research Excellence Fund[16] awards competition to establish strong collaborative relationships with research institutions and other organizations that have a stake in the future of Canada's higher education and innovation systems.
- As a result of the emerging threat of the Ebola epidemic, CIHR, in synergy with other partners, reacted swiftly to appropriately respond by modifying research priorities and launching the collaborative Ebola Research Funding Initiative to tackle the spread of the Ebola virus in West Africa.[17]
- The health system and research landscape priorities are complex and cannot be addressed by CIHR alone. In 2015–16, CIHR developed a Stakeholder Engagement Strategy that seeks to generate a better understanding of external stakeholder perspectives and build engagement capacity across the Canadian health research enterprise on important issues related to health and health research.

Priority #3: Organizational Excellence

Description

CIHR's pledge to achieve organizational excellence is rooted in our firm commitment to continuous improvement. As stewards of public funds, we are committed to ensuring Canadians understand how and why decisions are made, demonstrating the value and impact of our investments, and optimizing the responsible use of resources. Efforts will focus on priority projects to promote equity and fairness, enhance transparency and accountability, ensure responsible governance and stewardship, and build a modern world-class work environment.

Priority Type

Ongoing

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Status	Link to the Organization's Program(s)
• Implement CIHR's strategic plan (*Roadmap II*), which continues CIHR's vision to capture excellence and accelerate health innovation in Canada. It underscores the importance of working with others to enable transformative change, and reflects the synergy between promoting excellence,	April 2014	March 2018	On track	Internal Services

creativity and breadth in health research. • Through the Institutes Modernization Initiative, maintain CIHR's unique role and leadership position by enabling the Agency to adapt to the evolution of a more collaborative and interdisciplinary health research landscape, and by demonstrating increased accountability to the public for how CIHR-supported research directly contributes to improved health and health care outcomes. • Improve performance measurement, reporting and evaluation practices to generate high quality studies that examine the link between health research and health impacts. • Apply solutions to CIHR's infrastructure in order to improve client service, increase the quality, efficiency and effectiveness of program delivery systems, and reduce complexity for stakeholders.				

Progress Toward the Priority

- In 2015–16, CIHR continued to implement its strategic plan, *Roadmap II*, which sets out a fresh vision for the future of Canada's health research investment agency.
- In 2015–16, CIHR finalized the implementation of the Institutes Modernization[18] initiative, allowing the Agency to better adapt to Canada's evolving health research landscape. As new areas of health science and public health emerge, CIHR must also ensure that its Institutes can effectively respond to health research challenges and are well positioned to take advantage of national and international scientific opportunities.
- In 2015–16, the Evaluation Framework and Performance Measurement Strategy for CIHR Institutes was developed and approved by CIHR's Governing Council for implementation. The Framework establishes a rigorous process for the ongoing performance measurement and evaluation of Institutes and is a key evidence-led mechanism by which CIHR can manage for results to meet the needs of an evolving health research environment in Canada and abroad, and to ensure that its investments deliver the greatest impact on the health of Canadians.
- In 2015–16, as part of the implementation of the CIHR performance measurement regime toolbox, a CIHR Performance Measurement Strategy for Ethics was designed and implemented to address the Ethics Action Plan set out by the CIHR Standing Committee on Ethics (SCE). This strategy will enable CIHR to promote and assist research that meets the highest international scientific standards of excellence and ethics, foster the discussion of ethical issues, as well as the application of ethical principles to health research, while monitoring the discussion of ethical issues.[19]

For more information on organizational priorities, see the Minister's mandate letter.[20]

Section II: Expenditure Overview

Actual Expenditures

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	Difference (actual minus planned)
1,008,584,000	1,009,984,000	1,029,250,394	1,026,378,153	16,394,153

Human Resources (Full-Time Equivalents [FTEs])

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
422	403	(19)

Budgetary Performance Summary

Budgetary Performance Summary for Programs and Internal Services (dollars)

Programs and Internal Services	2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	2014–15 Actual Spending (authorities used)	2013–14 Actual Spending (authorities used)
Investigator-Initiated Health Research	702,437,354	703,091,433	692,653,215	696,730,074	703,248,504	705,412,045	726,255,103	717,201,006
Priority-Driven Health Research	294,098,402	294,561,829	305,231,168	294,255,336	313,499,384	308,482,516	287,739,904	277,820,532
Internal Services	12,048,244	12,330,738	28,685,620	28,685,620	12,502,506	12,483,592	3,284,376	2,950,450
Total	1,008,584,000	1,009,984,000	1,026,570,003	1,019,671,030	1,029,250,394	1,026,378,153	1,017,279,383	997,971,988

CIHR's actual spending of $1,026.4M exceeded its planned spending of $1,010.0M. The increase in spending is a reflection of CIHR receiving a total of $16.5M in 2015–16. The funds

received are for the 2016 competition of the Centres of Excellence for Commercialization and Research (CECR) program, an investment of $0.3M in 2015–16 and a total of $14.1M over five fiscal years; and the inaugural competition of the Canada First Research Excellence Fund (CFREF), an investment of $16.2M in 2015–16 and a total of $114.9M over seven fiscal years.

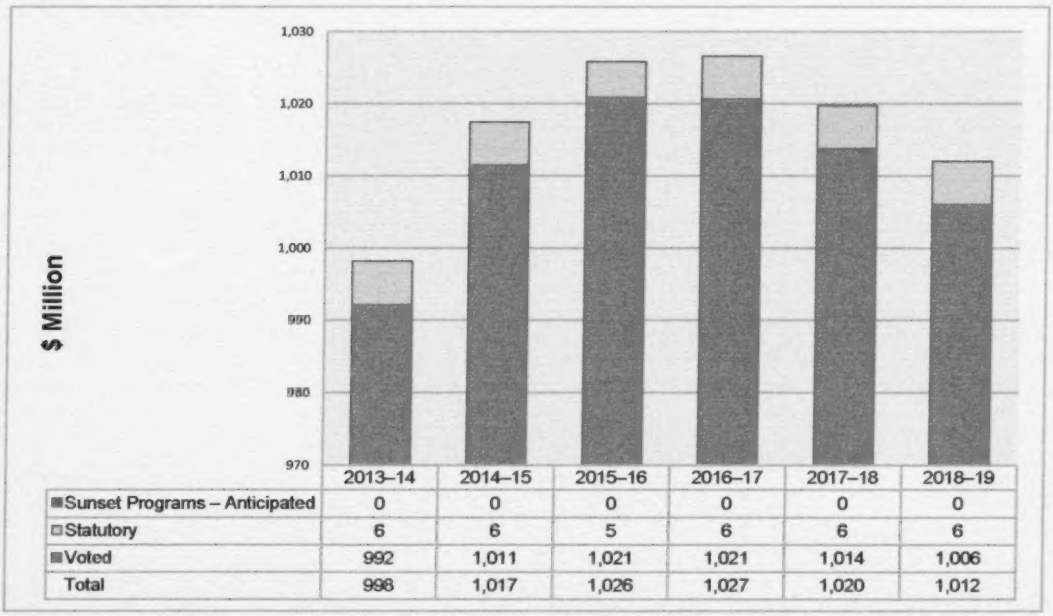
Given that CIHR's base budget remains consistent, the variance in CIHR's planned spending between 2016–17 and 2017–18 is anticipated to be temporary. Planned spending is expected to increase as a result of additional funding when the Tri-Agency programs competitions are announced.

CIHR collaborates with NSERC and SSHRC on a series of Tri-Agency programs, such as the CECR, CFREF, the Business-Led Networks of Centres of Excellence (BL-NCE), and the Canada Excellence Research Chairs (CERC). Funding allocated to each of the three agencies for these programs can vary between competitions depending on the recipients' alignment with the research mandate and priorities of each agency. Accordingly, funding allocations are confirmed and included in planned spending once the competition results are available. As such, CIHR's planned spending is expected to increase as a result of successful health-oriented projects within future competitions.

CIHR also collaborates on partnership activities with other federal departments and agencies and, as a result, funding may be transferred to CIHR to address a common theme or research priority. As partnership activities are confirmed in the upcoming fiscal years, it is anticipated that CIHR's planned spending will increase.

The variance between actual spending for internal services in 2014–15 and 2015–16, and planned spending for 2016–17 is a reflection of change in the methodology used by CIHR to record and report its internal services following the implementation of the Treasury Board of Canada Secretariat Guide on Recording and Reporting of Internal Services Expenditures. As a result, operational funding and FTEs for some of CIHR's supporting units, recorded and reported within CIHR's Investigator-Initiated or Priority-Driven Programs in 2015–16 based on costing pools, are recorded as internal services starting in 2016–17.

Departmental Spending Trend



	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
Sunset Programs – Anticipated	0	0	0	0	0	0
Statutory	6	6	5	6	6	6
Voted	992	1,011	1,021	1,021	1,014	1,006
Total	998	1,017	1,026	1,027	1,020	1,012

For explanations regarding the variances in the graph above, please see the Budgetary Performance Summary earlier in this section.

Expenditures by Vote

For information on the Canadian Institutes of Health Research's organizational voted and statutory expenditures, consult the *Public Accounts of Canada 2016*.[21]

Alignment of Spending With the Whole-of-Government Framework

Alignment of 2015–16 Actual Spending With the Whole-of-Government Framework[22] (dollars)

Program	Spending Area	Government of Canada Outcome	2015–16 Actual Spending
1.1 Investigator-Initiated Health Research	Social Affairs	Healthy Canadians	705,412,045
1.2 Priority-Driven Health Research	Social Affairs	Healthy Canadians	308,482,516

Total Spending by Spending Area (dollars)

Spending Area	Total Planned Spending	Total Actual Spending
Economic affairs	0	0
Social affairs	997,653,262	1,013,894,561
International affairs	0	0
Government affairs	0	0

Financial Statements and Financial Statements Highlights

Financial Statements

CIHR's 2015–16 audited financial statements can be found on the Canadian Institutes of Health Research's website[23] and form an integral part of the annual report. Included with this year's audited financial statements are the:

1. Financial Statement Discussion and Analysis;
2. Auditor's Report and Financial Statements (including the Statement of Management Responsibility Including Internal Control over Financial Reporting); and
3. Annex: Summary of the Assessment of Effectiveness of the Systems of Internal Control over Financial Reporting and the Action Plan of the Canadian Institutes of Health Research for the Fiscal Year 2015–16 (Unaudited).

Financial Statements Highlights

Condensed Statement of Operations
For the Year Ended March 31, 2016 (dollars)

Financial Information	2015–16 Planned Results*	2015–16 Actual	2014–15 Actual	Difference (2015–16 actual minus 2015–16 planned)	Difference (2015–16 actual minus 2014–15 actual)
Total expenses	1,025,314,000	1,037,819,000	1,027,717,000	12,505,000	10,102,000
Total revenues	12,600,000	7,806,000	7,618,000	(4,794,000)	188,000
Net cost of operations before government funding and transfers	1,012,714,000	1,030,013,000	1,020,099,000	17,299,000	9,914,000

* 2015–16 planned results can be found in the Future-Oriented Condensed Statement of Operations within the 2015–16 Report on Plans and Priorities.[24] A more detailed Future-Oriented Statement of Operations and associated notes are available on CIHR's website as part of the 2015–16 Future-Oriented Financial Statements.[25]

CIHR's actual total expenses were approximately $12.5M higher than planned, due primarily to investment resulting from the inaugural competition for the CFREF program, approved via the Supplementary Estimates (which were unknown at the time that 2015–16 planned spending was determined). Total revenues fluctuate annually as they depend exclusively on the timing of receiving partner funding and disbursing that partner funding to health researchers.

CIHR's higher than planned total expenses of $12.5M in 2015–16 and lower than planned total revenues of approximately $4.8M resulted in the net cost of operations before government funding and transfers being approximately $17.3M higher than planned for the fiscal year. However, the net cost of operations before government funding and transfers increased by only $9.9M (or 1.0%) over the prior fiscal year, as CIHR's operations are very consistent on a year-over-year basis.

Condensed Statement of Financial Position As at March 31, 2016 (dollars)

Financial Information	2015–16	2014–15	Difference (2015–16 minus 2014–15)
Total net liabilities	14,049,000	15,017,000	(968,000)
Total net financial assets	11,045,000	12,130,000	(1,085,000)
Departmental net debt	3,004,000	2,887,000	117,000
Total non-financial assets	773,000	1,039,000	(266,000)
Departmental net financial position	(2,231,000)	(1,848,000)	(383,000)

Total net liabilities of $14.0M and total net financial assets of $11.0M both decreased in 2015–16 compared to the prior fiscal year due to a decrease in deferred revenue as a result of lower external partner donations for research. CIHR's total departmental net debt as at March 31, 2016 did not materially change compared to the prior fiscal year. Total non-financial assets of $0.8M as at March 31, 2016 are also consistent with the prior fiscal year. As a result, CIHR's departmental net financial position did not change materially compared to the prior fiscal year.

Section III: Analysis of Programs and Internal Services

CIHR is the Government of Canada's health research investment agency. Overall, in 2015–16, CIHR supported more than 13,000 researchers and trainees in the fulfillment of its mission: to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened Canadian health care system.

CIHR is guided by a peer review system that supports the selection of the most innovative and cutting-edge proposals for research and/or knowledge translation, while continuing to be fair, well-managed and transparent. In 2015–16, approximately 3,200 peer reviewers provided their time, without remuneration, and reviewed over 11,500 applications.

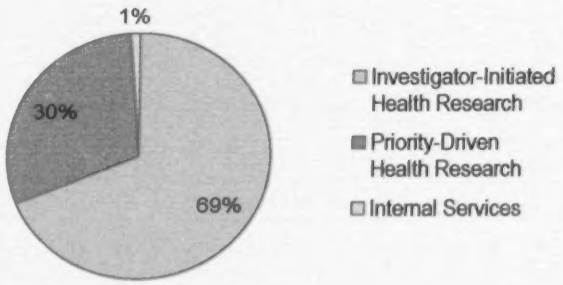
The CIHR's strategic plan, *Capturing Innovation to Produce Better Health and Health Care for Canadians*, strikes a balance between completing the transformation envisioned and initiating new priorities, and is fully aligned to the Program Alignment Architecture.

Specifically, CIHR supports research through the following programs:

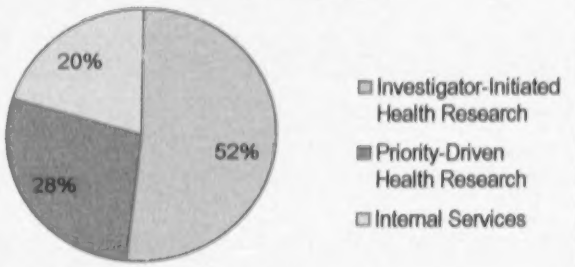
- Investigator-Initiated Health Research, and
- Priority-Driven Health Research.

Both programs are supported by Internal Services.

Distribution of 2015–16 Actual Spending by Program



Distribution of 2015–16 Actual FTEs by Program



The Impact of 35 Years of Funded Research

In 2007, CIHR issued a Team Grant to a group of researchers studying cardiovascular disorders, led by Dr. N.G. Seidah. This team grant was a prolongation of a series of grants received by this team (led by Dr. M. Chretien and then Dr. N. Seidah) since the 1970s, starting with CIHR's parent organization, the Medical Research Council (MRC) – making this program of research the longest continuously supported program grant supported by the MRC/CIHR–35 years.

This team of researchers explored the relationship between proteins, cholesterol and cardiovascular disease, culminating in the landmark discovery of PCSK9 in 2003. They found that the PCSK9 gene provided instructions for making a protein that helps regulate the amount of cholesterol in the bloodstream.

The results of these complementary studies opened new avenues of research and clinical diagnostics/treatment of diseases which led to the Phase III clinical trials and approval of PCSK9 mAbs in the treatment of hypercholesterolemia that is now in clinics worldwide.

The researchers have acknowledged that "the MRC/CIHR long term funding was crucial to bring to fruition (their) investigator initiated projects initially on prohormone theory and their proprotein convertases" that resulted in the discovery and application of PCSK9. As Dr. Seidah has suggested, this is an example of a "bench to bedside Canadian landmark discovery."

Programs

Program 1.1: Investigator-Initiated Health Research

Description

To develop and support a well-trained base of world-class health researchers and trainees conducting ethically sound research across all aspects of health, including biomedical research, clinical research, research respecting health systems, health services, the health of populations, societal and cultural dimensions of health and environmental influences on health, and other research as required. The goal of this program is to advance health knowledge and to apply this knowledge in order to improve health systems and/or health outcomes. Grants and awards are disbursed to fund research or to provide career or training support. The specific area of research is identified by the researcher.

Program Performance Analysis and Lessons Learned

CIHR's Investigator-Initiated Health Research Program is composed of two sub-programs: Operating Support, and Training and Career Support. Investigator-initiated health research plays an important role by allowing researchers to identify the area of research and focus on the very best ideas, from discovery to application; it provides opportunities to train the next generation of health researchers and professionals.

Results Highlights

In 2015–16, CIHR:

- ✓ Invested a total of $680.5M in all facets of health research through Investigator-Initiated Health Research
- ✓ Awarded 950 new training and salary awards for a total investment of $33.7M
- ✓ Completed two evaluations related to the Banting Postdoctoral Fellowships and CIHR's commercialization programs

In 2015–16, as a result of the implementation of the reforms of the Open Suite of Programs, CIHR continued to analyze feedback and information received through the pilot competitions. Feedback received to date has been used by CIHR to make further refinements that will strengthen future competitions by changing the application form and adjudication criteria (Foundation Grant: Application process).[26] CIHR will keep the research community informed of any changes that are implemented.

Through the Operating Support sub-program in 2015–16, CIHR funded 150 new grants, with the first Foundation Grant competition meeting the target set out in the 2015–16 RPP. Of these 150 grants, 127 were awarded to established investigators and 23 to new/early career investigators for a total investment of $67.4M in 2015–16. The second Foundation live pilot competition was also launched in 2015–16 and CIHR received 911 applications.[27] CIHR also launched the first Project Grant Competition,[28] designed to capture ideas with the greatest potential to advance health-

related knowledge, health research, health care, health systems, and/or health outcomes and received 3,820 eligible applications for this competition, with results being announced in 2016–17.

CIHR, through the final Open Operating Grant Program (OOGP) competition, almost met its 2015–16 RPP target of 450 new grants by funding 445 new grants for a total investment of $51.1M. In total, CIHR funded 3,455 grants in 2015–16 through the OOGP, representing an investment of $496.0M.

Furthermore, in 2015–16, as part of the Open Knowledge Translation and commercialization competition integration into CIHR's new Project Programs, the last competition of the Knowledge to Action program, two Knowledge Synthesis competitions and a Partnerships for Health System Improvement competition were completed. In 2015–16, CIHR funded 85 knowledge translation grants for a total of $9.1M and 75 commercialization grants for a total of $9.6M, a slight increase compared to the previous fiscal year.

Through the Training and Career Support sub-program, CIHR maintained its ability to train, retain and sustain outstanding health researchers – a key priority of its five-year strategic plan. In 2015–16, CIHR provided training and salary awards through various CIHR and Tri-Agency programs to 170 new CIHR fellowships and 40 new investigator awards. CIHR also funded 55 new three-year Vanier Canada Graduate Scholarships (CGS),[29] as well as 23 new two-year Banting Postdoctoral Fellowship awards,[30] thus meeting the targets set out in the 2015–16 RPP.

CIHR met its 2015–16 RPP CGS target by investing a total of $11.2M in 129 new doctoral awards and 394 new master's awards. Overall, CIHR supported 373 new and ongoing doctoral awards and 400 new and ongoing master's awards through the CGS program in 2015–16.

The Tri-Agency continued the harmonization of the CGS program[31] to reduce the administrative burden during the application process. Revisions to the CGS Master's program resulted in the program adopting a new awarding process that has the institutions conducting the peer review process. Finally, the Tri-Agency post-award policies for training programs have been harmonized and will be implemented in 2016–17.

Through the Canada Research Chairs[32] program, CIHR invested a total of $86.7M to attract and retain 638 researchers in Canadian universities. A total of 98 new awards worth $8.8M, including 44 new Tier 1 Chairs and 52 new Tier 2 Chairs were funded.

CIHR, through the Canada Excellence Research Chair (CERC)[33] Tri-Agency program, contributed to building and maintaining world-class research by supporting Canadian universities through total investments of $9.8M for seven Chairs.

In 2015–16, the evaluation of CIHR's commercialization programs was completed and found many positive contributions to the Canadian health research commercialization landscape. The lessons learned from this evaluation include: the continued need for CIHR funding to foster innovation and facilitate the commercialization of health research; the importance of collaborations and partnerships between researchers and potential research users to support the promotion of scientific discoveries to the commercialization pathway; and the need to increase awareness of CIHR-funded discoveries in the area of innovation and commercialization to facilitate interactions between researchers and the potential users. Details on this evaluation can be found on the CIHR website.[34]

In 2015–16, CIHR led the inaugural evaluation of the Banting program in partnership with NSERC and SSHRC. The evaluation found that the program is attracting and selecting top-tier candidates and those fellows are demonstrating research excellence and leadership after receiving the award. The evaluation identified a decline in the proportion of trainees applying to the program from abroad, and tension between the attraction and retention objectives of the program created by the 25% cap on the uptake of the award outside Canada. The report noted that the program should take steps to: address the decline in international applicants; monitor the impact of a cap on awards taken up internationally; and develop guidance regarding leading practices for the support of Banting fellows to position them as research leaders of tomorrow. Details on the evaluation can be found on the CIHR's website.[35]

Overall, CIHR continued to develop and support a well-trained base of world-class health researchers and trainees by funding a total of 6,060 grants and awards, 1,635 of which were new through the Investigator-Initiated Health Research program. This result is close to the target of a total of 6,100 grants and awards set out in the 2015–16 RPP, and surpassed its expected 1,500 new grants and awards.

The variances between CIHR's 2015–16 planned spending and total authorities with actual spending outlined in the table below is due to internal reallocations that occurred throughout the year to better align with the organization's corporate priorities.

More information related to the lower-level programs is available on the Canadian Institutes of Health Research's website.[36]

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	2015–16 Difference (actual minus planned)
702,437,354	703,091,433	703,248,504	705,412,045	2,320,612

Human Resources (Full-Time Equivalents [FTEs])

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
204	208	4

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Canada has an internationally competitive health research community	Canada's health research specialization index ranking versus international levels (G7 nations)	3rd among G7	Canada was ranked 2nd in the health research specialization index when compared to G7 nations. This is consistent with the 2014–15 result.
CIHR-funded research has improved the health of Canadians	Percent of CIHR grants reporting contribution to improved health for Canadians	30%	CIHR met the 2015–16 target by supporting grants of which 37% reported having contributed to improved health for Canadians. This is slightly higher than the 2014–15 result.
Canadian health researchers advance health research knowledge	Canada's ranking among G7 in health research publications per million dollars of gross domestic expenditure on research and development (GERD)	2nd among G7	Canada was ranked 1st in health research publications per million dollars of GERD. This is higher than the set target and a significant increase from the 3rd place ranking in 2014–15.

Program 1.2: Priority-Driven Health Research

Description

CIHR provides funding to researchers for ethically sound emergent and targeted research that responds to the changing health needs and priorities of Canadians across all aspects of health, including biomedical research, clinical research, research respecting health systems, health services, the health of populations, societal and cultural dimensions of health and environmental influences on health, and other research as required. The goal of this program is to advance health knowledge and its application, in specific areas of research identified by CIHR in consultation with other government departments, partners and stakeholders, in order to improve health systems and/or improve health outcomes in these priority areas. Grants are disbursed to fund research or to provide career or training support.

Program Performance Analysis and Lessons Learned

CIHR provides targeted grant and award funding to mobilize researchers, health practitioners and decision makers to work together to address priority health challenges through two sub-programs, the Institute-Driven Initiatives and Horizontal Health Research Initiatives.

In 2015–16, through the Institute-Driven Initiatives sub-program, CIHR continued to address complex problems and create transformative and measurable impact through the support of existing/emerging Signature Initiatives and other major initiatives. Canada's population is aging and the number of people with disabilities, chronic conditions, and work-related health issues is growing. A joint CIHR and SSHRC Healthy and Productive Work[37] Signature Initiative was launched, and a Memorandum of Understanding signed, committing $14.4M ($6.0M from SSHRC) over seven fiscal years to support research in this area.

Results Highlights

In 2015–16, CIHR:

- ✓ Through the Tri-Agency, launched the inaugural competition of the Canada First Research Excellence Fund (CFREF). CFREF invested in five awards totalling $349.3M over seven years, of which $114.9M is committed to be distributed by CIHR to the Université Laval's Sentinelle Nord – Arctic sciences, optics-photonics, cardiometabolic and mental health; and the University of Toronto's Medicine by Design – regenerative medical technologies
- ✓ Completed three evaluations related to the Drug Safety and Effectiveness Network (DSEN), the Networks of Centres of Excellence (NCE) and the Business-Led Networks of Centres of Excellence (BL-NCE)

The Canadian Consortium on Neurodegeneration in Aging (CCNA) is supported by CIHR's contribution of $4.5M and $6.0M from various partners[38] and is the Canadian component of CIHR's Dementia Research Strategy.[39] In 2015–16, CIHR and partners formed a CCNA oversight committee to conduct biannual reviews of CCNA progress. CCNA also held its first Partners Forum and Scientific Meeting in Ottawa during the fall of 2015, bringing together

partners and CCNA researchers from across Canada to identify and expand synergies throughout the consortium. For details on the CCNA please visit their website.[40]

CIHR, in collaboration with SSHRC, also completed the initiative review of the Canadian Research Data Centre Network (CRDCN),[41] which demonstrated positive contributions to the health research landscape. The CRDCN enables university, government and other approved researchers access to a vast array of social, economic and health micro-data that are collected and administered by Statistics Canada. Renewal funding for the CRDCN was approved for a total of $14.5M over five years, shared equally between CIHR and SSHRC.

In an effort to strengthen research networks and facilitate research exchanges for Indigenous health researchers, CIHR launched the Indigenous Mentorship Network Program (IMNP)[42] funding opportunity to support four regional mentorship networks (Western, Central, Eastern, and Northern) with expected funding of $4.5M over five years. Through this initiative, distinct cohort learning opportunities and supplemental, tailored mentoring activities will be offered that are not currently available in any other forum or location.

In 2015–16, CIHR's Pathways to Health Equity for Aboriginal Peoples[43] Signature Initiative funded seven Implementation Research Teams for a total investment of $4.5M over four years, and six projects through the Population Health Intervention Research competition totalling $1.5M over two years.

In 2015–16, as part of the Global Health Initiative,[44] CIHR's President became the Chair of the Global Alliance for Chronic Disease (GACD) and CIHR will provide $3.0M over five years in the third joint research program focusing on the prevention of chronic lung diseases. Building on the Global Health Research Initiative (GHRI), CIHR and its partners International Development Research Centre (IDRC) and Global Affairs Canada began supporting two Health Policy and Research Organizations and 20 implementation research teams under the Innovating for Maternal and Child Health in Africa initiative. Together, CIHR, IDRC and Global Affairs Canada will invest $36M over seven years.

Through the Horizontal Health Research Initiatives sub-program, in 2015–16, CIHR focused on the priority health challenges identified in collaboration with other federal departments or agencies and other national governments. For example, in April 2015, CIHR was proud to support Canada's rapid response initiative to the Ebola epidemic in West Africa by awarding 12 research teams $2.5M, expanding its focus beyond clinical trials. One of the funded researchers, Dr. Gary Kobinger, was recently named Radio-Canada's researcher of the year[45] for his work related to the development of a treatment (Zmapp) and vaccine (rVSV-ZEBOV) for Ebola.

CIHR's HIV/AIDS Research Initiative continued to implement its latest Strategic Plan[46] with the launch of its new Biomedical/Clinical Innovative grants in 2015–16. As part of this federal initiative, the first grantees of the multi-phase Implementation Science Initiative received one-year grants totaling over $1.3M intended to support the establishment of multi-sectoral HIV teams (with related Hepatitis C and other sexually transmitted and blood-borne infections research), including those where Indigenous populations are affected.

In 2015–16, three evaluations related to the Horizontal Health Research Initiatives sub-program were completed. All three initiatives were found to have made progress towards their outcomes and an ongoing need was identified:

- The Drug Safety and Effectiveness Network was found to support the development of new knowledge and capacity building in Canada and CIHR is working with Health Canada to update the performance measurement matrix to better reflect the needs of stakeholders. In addition, particular effort will be made to increase the number of queries from Health Canada, as well as improve the timeliness of query response summaries.[47] Details on this evaluation can be found on the CIHR website.[48]
- The Networks of Centres of Excellence evaluation found that the network approach to research funding had many advantages and there is strong evidence of collaboration, including a range of impacts benefiting highly qualified personnel, and there was some evidence of the networks resulting in economic, social, health and environmental benefits in Canada. Details on this evaluation can be found on the NCE website.[49]
- The Business-Led Networks of Centres of Excellence evaluation found that it is achieving or making progress toward achieving intended outcomes in a manner that is reflective of its unique business model. Details on this evaluation can be found on the NCE website.[50]

Overall, CIHR invested approximatively $292.4M through 2,135 new and ongoing grants and awards, of which 1,166 are new, to support research on health and health system priorities and capture emerging national and international scientific opportunities through the Priority-Driven Health Research Program. These results are slightly lower than the target outlined in the 2015–16 RPP; however, the total investment was higher than the $268.9M in 2014–15. The variance can be explained by alignment and modernization of various initiatives to bring together researchers through collaborations, large teams and networks resulting in fewer grants.

The variance between CIHR's 2015–16 planned and actual spending is explained earlier in the report in the section titled *Budgetary Performance Summary*. The variance between the 2015–16 planned and actual human resources outlined below is mainly due to an internal reorganization and realignment of resources and positions remaining vacant until the reorganization was fully implemented.

More information related to the lower-level programs is available on the Canadian Institutes of Health Research's website.[51]

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	2015–16 Difference (actual minus planned)
294,098,402	294,561,829	313,499,384	308,482,516	13,920,687

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
136	113	(23)

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
CIHR-funded research contributes to a stronger health care system	Percent of CIHR grants reporting contributions to strengthening the Canadian health care system	30%	CIHR met the 2015–16 target by supporting grants of which 33% reported having contributed to strengthening the Canadian health care system. This is consistent with the 2014–15 result.
CIHR-funded research advances knowledge in emergent and specific health priorities	Percent of priority-driven grants reporting creation of new health knowledge	85%	CIHR almost met the 2015–16 target by supporting grants of which 84% reported having contributed to creating new health knowledge. This is slightly lower than the 2014–15 result of 88%.
CIHR-funded research in emergent and specific health priorities results in knowledge translation	Percent of priority-driven grants reporting knowledge translation	70%	CIHR met the 2015–16 target by supporting grants of which 72% reported having contributed to knowledge translation. This is slightly lower than the 2014–15 result of 78%.

Internal Services

Description

Internal services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. Internal services include only those activities and resources that apply across an organization, and not those provided to a specific program. The groups of activities are Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; and Acquisition Services.

Program Performance Analysis and Lessons Learned

CIHR's pledge in *Roadmap II* to achieve organizational excellence is rooted in continuous improvement. As a steward of public funds, CIHR has an obligation to maintain the public's trust and confidence, and demonstrate good value for money. Following approval of the Evaluation Framework and Performance Measurement Strategy for CIHR Institutes in November 2015, CIHR launched evaluations of four Institutes and completed analyses of two Institutes to inform decisions regarding Scientific Director renewals and Institute transitions.

CIHR also continued the implementation of its Performance Measurement Regime Toolbox (PM Toolbox) in 2015–16. CIHR's PM Toolbox ensures a consistent approach to performance measurement reporting for all CIHR programs and initiatives and was used in CIHR's Institute Evaluation Framework. As a result of the PM Toolbox, CIHR has been identified as a leader in demonstrating the impact of the research it funds.

CIHR also continued to implement its Enterprise Architecture, an essential component for evolving and developing new systems. In 2016–17, CIHR is documenting a governance model for its Enterprise Architecture which will include the creation of an architecture review board. This board will provide an integrated approach to the implementation of business, information, application and technology architectures and help to facilitate strategic decisions.

In 2015–16, as part of the operationalization of the new Open Suite of Programs and peer review, CIHR established a dedicated project team that focused on new technology to enable the business processes related to expertise identification, matching, and assignment, as well as stakeholder management.

Finally, in support of CIHR's 2014–18 Human Resources Management Strategy, multiple initiatives continue to be developed or implemented, including: a Performance Management System; an Onboarding program to support and orient new employees; a pilot Talent Management Strategy; and a Mental Health Strategy to support employee wellness.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2015–16 Total Authorities Available for Use	2015–16 Actual Spending (authorities used)	2015–16 Difference (actual minus planned)
12,048,244	12,330,738	12,502,506	12,483,592	152,854

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
82	82	0

Section IV: Supplementary Information

Supporting Information on Lower-Level Programs

Supporting information on lower-level programs is available on the Canadian Institutes of Health Research's website.[52]

Supplementary Information Tables

The following supplementary information tables are available on the Canadian Institutes of Health Research's website.[53]

- Departmental Sustainable Development Strategy;
- Details on Transfer Payment Programs of $5 Million or More; and
- Internal Audits and Evaluations.

Federal Tax Expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures annually in the Report of Federal Tax Expenditures.[54] This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs. The tax measures presented in this report are the responsibility of the Minister of Finance.

Organizational Contact Information

Canadian Institutes of Health Research
160 Elgin Street, 9th Floor
Address Locator 4809A
Ottawa, Ontario K1A 0W9
Canada
www.cihr-irsc.gc.ca

Appendix: Definitions

appropriation (*crédit*): Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (*dépenses budgétaires*): Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Departmental Performance Report (*rapport ministériel sur le rendement*): Reports on an appropriated organization's actual accomplishments against the plans, priorities and expected results set out in the corresponding Reports on Plans and Priorities. These reports are tabled in Parliament in the fall.

full-time equivalent (*équivalent temps plein*): A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

Government of Canada outcomes (*résultats du gouvernement du Canada*): A set of 16 high-level objectives defined for the government as a whole, grouped in four spending areas: economic affairs, social affairs, international affairs and government affairs.

Management, Resources and Results Structure (*Structure de la gestion, des ressources et des résultats*): A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

non-budgetary expenditures (*dépenses non budgétaires*): Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance (*rendement*): What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

performance indicator (*indicateur de rendement*): A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

performance reporting (*production de rapports sur le rendement*): The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

planned spending (*dépenses prévues*): For Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs), planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their RPPs and DPRs.

plans (*plans*): The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

priorities (*priorités*): Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

program (*programme*): A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

Program Alignment Architecture (*architecture d'alignement des programmes*)**:** A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

Report on Plans and Priorities (*rapport sur les plans et les priorités*): Provides information on the plans and expected performance of appropriated organizations over a three-year period. These reports are tabled in Parliament each spring.

results (*résultats*): An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

statutory expenditures (*dépenses législatives*): Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

Strategic Outcome (*résultat stratégique*): A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

sunset program (*programme temporisé*): A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

target (*cible*): A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures (*dépenses votées*): Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

Whole-of-government framework (*cadre pangouvernemental*): Maps the financial contributions of federal organizations receiving appropriations by aligning their Programs to a set of 16 government-wide, high-level outcome areas, grouped under four spending areas.

Endnotes

1 Canadian Institutes of Health Research Act, http://laws-lois.justice.gc.ca/eng/acts/C-18.1/FullText.html
2 Canadian Institutes of Health Research, http://www.cihr-irsc.gc.ca/
3 13 "virtual" institutes, http://www.cihr-irsc.gc.ca/e/9466.html
4 Natural Sciences and Engineering Research Council, http://www.nserc-crsng.gc.ca/
5 Social Sciences and Humanities Research Council, http://www.sshrc-crsh.gc.ca/home-accueil-eng.aspx
6 Governing Council, http://www.cihr-irsc.gc.ca/e/38103.html
7 Science Council, http://www.cihr-irsc.gc.ca/e/33807.html
8 Executive Management Committee, http://www.cihr-irsc.gc.ca/e/25920.html
9 Five-year strategic plan: Roadmap, http://www.cihr-irsc.gc.ca/e/39977.html
10 Reforms of Open Programs and peer review: timeline, http://www.cihr-irsc.gc.ca/e/47393.html
11 Project Grant Program, http://www.cihr-irsc.gc.ca/e/49051.html
12 Healthy and Productive Work, http://www.cihr-irsc.gc.ca/e/47706.html
13 Global Health Initiatives, http://www.cihr-irsc.gc.ca/e/46355.html
14 Indigenous Mentorship Network Program, http://www.cihr-irsc.gc.ca/e/49453.html
15 Strategy for Patient-Oriented Research, http://www.cihr-irsc.gc.ca/e/41204.html
16 Canada First Research Excellence Fund, http://www.cfref-apogee.gc.ca/home-accueil-eng.aspx
17 Ebola Research Funding Initiatives, http://www.cihr-irsc.gc.ca/e/49211.html
18 Institutes Modernization, http://www.cihr-irsc.gc.ca/e/47656.html
19 Performance Measurement Strategy, http://www.cihr-irsc.gc.ca/e/49668.html
20 Minister's mandate letter, http://pm.gc.ca/eng/node/39961
21 Public Accounts of Canada 2016, http://www.tpsgc-pwgsc.gc.ca/recgen/cpc-pac/index-eng.html
22 Whole-of-Government Framework, http://www.tbs-sct.gc.ca/hgw-cgf/finances/rgs-erdg/wgf-ipp-eng.asp
23 Canadian Institutes of Health Research Annual Report 2015–16, http://www.cihr-irsc.gc.ca/e/49892.html
24 Report on plans and priorities 2016–17, http://www.cihr-irsc.gc.ca/e/22978.html
25 Future-Oriented Financial Statements, http://www.cihr-irsc.gc.ca/e/22978.html
26 Foundation Grant: Application process, http://www.cihr-irsc.gc.ca/e/49800.html
27 Summary of the results of the Stage 1 review process for the second Foundation Scheme Pilot, http://www.cihr-irsc.gc.ca/e/49538.html
28 Project Grant Program, http://www.cihr-irsc.gc.ca/e/49051.html
29 Vanier Canada Graduate Scholarships, http://www.vanier.gc.ca/
30 Banting Postdoctoral Fellowships, http://banting.fellowships-bourses.gc.ca/
31 Tri-Agency Harmonization of the Canada Graduate Scholarships, http://www.nserc-crsng.gc.ca/Students-Etudiants/CGSHarmonization-HarmonizationBESC_eng.asp
32 Canada Research Chairs, http://www.chairs-chaires.gc.ca/
33 Canada Excellence Research Chairs, http://www.cerc.gc.ca/
34 Evaluation of CIHR's Commercialization Programs, http://www.cihr-irsc.gc.ca/e/46969.html
35 Evaluation of the Banting Postdoctoral Fellowships Program, http://www.cihr-irsc.gc.ca/e/46969.html
36 Supporting information on lower-level programs, http://www.cihr-irsc.gc.ca/e/49968.html
37 Healthy and Productive Work, http://cihr-irsc.gc.ca/e/47706.html
38 Partner representation, http://www.cihr-irsc.gc.ca/e/46477.html
39 CIHR Dementia Research Strategy, http://www.cihr-irsc.gc.ca/e/43629.html
40 Canadian Consortium on Neurodegeneration in Aging (CCNA), http://ccna-ccnv.ca/en/
41 Canadian Research Data Centre Network (CRDCN), http://www.cihr-irsc.gc.ca/e/48922.html

[42] **Indigenous Mentorship Network Program**, http://www.cihr-irsc.gc.ca/e/49453.html
[43] **Pathways to Health Equity for Aboriginal Peoples**, http://www.cihr-irsc.gc.ca/e/47003.html
[44] **Global health initiatives**, http://www.cihr-irsc.gc.ca/e/46355.html
[45] **Radio-Canada's researcher of the year, Dr. Gary Kobinger**, http://ici.radio-canada.ca/nouvelles/science/2016/01/21/001-scientifique-annee-gary-kobinger-vaccin-traitement-ebola.shtml
[46] **CIHR HIV/AIDS Research Initiative: Strategic plan (2015-2020)**, http://www.cihr-irsc.gc.ca/e/49302.html
[47] **DSEN Research agenda**, http://www.cihr-irsc.gc.ca/e/45801.html
[48] **Evaluation of the Drug Safety and Effectiveness Network Program**, http://www.cihr-irsc.gc.ca/e/46969.html
[49] **Evaluation of the Networks of Centres of Excellence (NCE) Program**, http://www.nce-rce.gc.ca/ReportsPublications-RapportsPublications/ProgramEvaluations-EvaluationsProgrammes_eng.asp
[50] **Evaluation of the Business-Led Networks of Centres of Excellence (BL-NCE) Program**, http://www.nce-rce.gc.ca/ReportsPublications-RapportsPublications/ProgramEvaluations-EvaluationsProgrammes_eng.asp
[51] **Supporting information on lower-level programs**, http://www.cihr-irsc.gc.ca/e/49968.html
[52] **Supporting information on lower-level programs**, http://www.cihr-irsc.gc.ca/e/49968.html
[53] **Supplementary Information Tables**, http://www.cihr-irsc.gc.ca/e/49969.html
[54] **Report of Federal Tax Expenditures**, http://www.fin.gc.ca/purl/taxexp-eng.asp